

**The Vermont Tobacco Evaluation & Review Board  
Tobacco Control Program Budget Recommendation – Fiscal Year 2008**

	<p style="text-align: center;"><b>Explanation</b> <b>Department of Health</b></p>
<p>FY07: \$1,290,255 Increase: \$859,900 <b>FY08: \$2,150,155</b></p>	<p><b><u>Smoking Cessation Programs</u></b></p> <ul style="list-style-type: none"> <li>• <b>Increased Access to Nicotine Replacement Therapy:</b> Research shows that smokers who use nicotine replacement therapy (NRT) to help them quit have twice the success rate of smokers who do not use NRT. Vermont’s smoking cessation counselors currently determine the eligibility of free- or reduced-cost NRT for smokers through a complex system. Eligibility for free or reduced-cost NRT has been widened over the years but the system to determine eligibility and subsidies remains cumbersome. To make NRT truly accessible, it must be free and easy to supply to smokers who want to quit.</li> <li>• <b>Reaching Special Populations of Vermont Smokers:</b> The Tobacco Control Program has generally used the current amount of funding to reach all Vermont adult smokers. However, there are special populations that have higher smoking rates. These groups need a tailored program at the location where they go for support. For example, 73% of Vermont women who smoked during pregnancy in 2004 were enrolled in WIC during their pregnancy. Smoking during pregnancy increases health care costs and the risk of health problems to the unborn child from delivery through adulthood. Other populations that have higher smoking rates are those who access services at mental health centers (including substance abuse centers) and low income Vermonters. Implementing smoking cessation programs tailored to special populations is more expensive but essential to help these smokers quit.</li> </ul>
<p>FY07: \$1,023,624 Increase: \$603,236 <b>FY08: \$1,626,860</b></p>	<p><b><u>Community-Based Programs</u></b></p> <ul style="list-style-type: none"> <li>• <b>Community Coalitions:</b> Each of the 19 community-based tobacco coalitions is the central organizing entity for all local tobacco control efforts. There are areas of the state that do not have access to the services of a community coalition. Increased funding will be used to either expand the service area of existing coalitions or create new coalitions to reach special populations of Vermont smokers.</li> <li>• <b>Champps (Coordinated Health, Motivation and Prevention Programs):</b> Additional funding will be used to support work to develop a program to award grants for comprehensive local community health and wellness projects as established by the Legislature last year through the Common Sense Initiative.</li> <li>• <b>Youth &amp; Young Adult Prevention:</b> Most teenagers feel that most other teens use cigarettes and other drugs. Grants will be used to mobilize youth and young adults to serve as role models and to educate and persuade their peers to remain tobacco free.</li> <li>• <b>Community Training, Development &amp; Support:</b> Additional funds will be dedicated to training those involved in tobacco control at the community level to develop leadership skills and improve ability to communicate more effectively with special populations of Vermont smokers.</li> </ul>

FY07: \$1,007,799 Increase: \$917,701 <b>FY08: \$1,925,500</b>	<p><b><u>Media &amp; Public Education</u></b></p> <ul style="list-style-type: none"> <li>• <b>Adult Cessation:</b> Successful stories from Vermonters who quit smoking are powerful messages for other smokers who want to quit. The Tobacco Control Program launched a limited series of radio ads using these stories and now needs to increase frequency and distribution through a full-fledged campaign. Most smokers want to quit smoking and personal success stories motivate them to make a quit attempt.</li> </ul> <p>In combination with free and easily accessible NRT (see Smoking Cessation Programs above), the “Quit on My Own” kit, will include directions to use the medication and tips for successful quitting. These kits, along with the NRT, will be distributed by health care providers (See Statewide Provider Education below).</p> <ul style="list-style-type: none"> <li>• <b>Youth Prevention:</b> The youth smoking rate in Vermont has dropped 48% since the beginning of the Tobacco Control Program. However, the state has a powerful foe: the tobacco industry spends an estimated \$36,700,000 annually on marketing their deadly products in Vermont. Research shows that smoking prevention messages must begin at an early age and be delivered consistently. Due to funding constraints, the program has had to decide between targeting the "tweens" (10-13 year-olds) and the teens (14-17 years old) each year. Additional funding will correct that weakness.</li> </ul>
FY07: \$75,000 Increase: \$125,000 <b>FY08: \$200,000</b>	<p><b><u>Statewide Provider Education</u></b></p> <p>73% of smokers saw their healthcare provider in the previous year but only 29% were recommended a specific cessation program. Smoking cessation interventions by physicians are both efficacious and cost effective. This funding will be used to expand the current program to providers to:</p> <ul style="list-style-type: none"> <li>• educate them about Vermont’s cessation services including local hospital programs and the Quit Line.</li> <li>• establish office systems to identify smoking status of each patient at every visit.</li> <li>• give free NRT (see Smoking Cessation Programs above) to patients who smoke and choose to quit on their own.</li> </ul>
FY07: \$333,000 Increase: \$433,309 <b>FY08: \$766,309</b>	<p><b><u>Surveillance &amp; Evaluation</u></b></p> <ul style="list-style-type: none"> <li>• With the expansion and addition of new programs, the Tobacco Control Program must create methods to evaluate tailored smoking cessation programs for special populations with higher smoking rates.</li> <li>• The timeframe to survey smokers about the Tobacco Control Program services has been limited to six to eight weeks once per year due to limited funds. Conducting surveys in waves proximate to when programs are being implemented will provide important feedback for the program and improve the usefulness of the evaluation system.</li> </ul>
<b>\$6,668,824</b>	<b>TOTAL: Department of Health</b>

	<b>Department of Education</b>				
FY07: \$995,668 <u>Increase: \$260,000</u> <b>FY08: \$1,255,668</b>	<ul style="list-style-type: none"> <li>• <b>Distance Learning and Support for Health Educator Licensure:</b> Currently there are only 312 certified K-12 health educators in Vermont. Additional funding will be used to increase the number of educators with a health education certification to deliver a variety of health education programs including tobacco prevention.</li> <li>• <b>National Health Education Assessment:</b> The Department of Education has implemented tobacco prevention curricula but has not had sufficient funds to evaluate their effectiveness. With more funding, the department will implement pilot projects in 5-10 supervisory unions to evaluate tobacco prevention curricula.</li> </ul>				
	<b>Department of Liquor Control</b>				
FY07: \$289,768 <u>Increase: \$90,138</u> <b>FY08: \$379,906</b>	<ul style="list-style-type: none"> <li>• <b>Expand Enforcement Oversight:</b> The Department of Liquor Control, in addition to its primary role of enforcing alcohol statutes, is charged with training retail tobacco licensees and implementing compliance checks for underage tobacco sales. Adding funding for a full-time investigator would enable DLC to expand its enforcement to: <ul style="list-style-type: none"> <li>• conduct regular inspections of retail tobacco licensees and wholesalers for compliance including fire-safe cigarettes, tax stamps and the clean indoor air law.</li> <li>• investigate smuggling of cigarettes and tobacco products.</li> <li>• perform compliance checks regarding sales by internet cigarette and tobacco sellers.</li> <li>• work special details at schools and other problem areas to enforce youth tobacco laws.</li> <li>• assist in recruiting minors for compliance checks.</li> <li>• address other tobacco-related enforcement issues as they arise.</li> </ul> </li> </ul>				
	<b>Agency of Human Services: Vermont Tobacco Evaluation &amp; Review Board</b>				
FY07: \$100,000 <u>Increase: \$25,000</u> <b>FY08: \$125,000</b>	<ul style="list-style-type: none"> <li>• <b>Youth Access Analysis:</b> When the Legislature created the Tobacco Evaluation and Review Board in 2000, it granted the Board the ability to employ technical experts as needed. The Board requires technical expertise in order to address non-commercial sources (family members, friends, etc) of tobacco for minors in order to address the overall enforcement of the youth access law.</li> </ul>				
FY07: \$5,115,109 <u>Increase: \$3,314,289</u> <b>FY08: \$8,429,398</b>	<b>CDC 1999 Recommendations for Tobacco Control Program Spending in Vermont:</b> <table> <tr> <td>Upper Estimate</td><td>\$15,900,000.00</td></tr> <tr> <td>Lower Estimate</td><td>\$7,900,000.00</td></tr> </table>	Upper Estimate	\$15,900,000.00	Lower Estimate	\$7,900,000.00
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